City of Red Oak

Phone: (972) 576-3414 101 S. Live Oak St. Red Oak, Texas 75154

Commercial Building Permit Application

Building Permit Number: _____ **Valuation:** _____

Business Name: _____ **Square Foot:** _____

Business Address: _____

Business Description: New ☐ Addition ☐ Remodel ☐ Finishout ☐

Sign ☐ Plumbing ☐ Mechanical ☐ Electrical ☐ Other ☐

Scope of Work: _____

Does this project contain Food Services: ☐ Yes ☐ No **Type:** _____

Property Owner Information:

Name: _____ **Contact Person:** _____

Address: _____ **Email:** _____

Phone Number: _____ **Fax Number:** _____ **Mobile Number:** _____

Engineer	Contact Person	Phone Number	Email:	
Architect	Contact Person	Phone Number	Email:	
General Contractor	Contact Person	Phone Number	Email:	
Mechanical Contractor	Contact Person	Phone Number	Email:	Master License #
Electrical Contractor	Contact Person	Phone Number	Email:	Master License #
Plumbing Contractor	Contact Person	Phone Number	Email:	Master License #

A permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced. All construction must be completed within 12 months from issuance of permit. All permits require final inspection.

A certificate of occupancy must be issued before any building is occupied.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Signature of Applicant: _____ **Date:** _____

OFFICE USE ONLY:

PW Dept:		**Date approved:**	
Planning & Zoning:		**Date approved:**	
Building Official:		**Date approved:**	

Building Permit Fee: _____
Park Fund: _____
Water Impact Fee: _____
Sewer Impact Fee: _____

Water Connect Fee: _____
Sewer Connect Fee: _____
Deposit: _____
Acct Establishment Fee: _____
Food Establishment Fee: _____
Fire Department: _____

Total Fees: _____
Check # CC or Cash: _____
Issued By: _____
Issued Date: _____

**If Water Service for the aforementioned property is provided by Rockett SUD, please contact Dago Cervantes at 972-617-3524 or 469-853-6689